

Table 13.2: Percent Prevalence of Current Residual Symptoms Resulting from a Stroke^{1,2,3}

Stroke Symptom	Total	Age Group			Disability Level		
		65-74	75-84	85+	Moderate ⁴	ADL Difficulty	
						Receives No Help	Receives Help
Participants Reporting Stroke ⁵	(N=143)	(N=61)	(N=45)	(N=37)	(N=34)	(N=55)	(N=54)
Any motor symptoms (weakness) ^{6,7}	53.3	56.8	50.3	50.1	41.4	45.3	68.9
Left side only	31.8	34.9	27.8	33.4	21.4	31.6	38.9
Right side only	15.3	16.0	15.9	11.1	12.9	8.2	23.7
Both sides	6.2	6.0	6.7	5.7	7.0	5.5	6.3
Any non-motor symptoms	62.7	68.2	61.6	47.2	60.0	64.7	62.5
Any effect on speech	24.8	29.8	21.0	18.7	19.5	26.9	26.1
Loss or change in speech ⁸	20.1	21.4	20.6	14.3	16.1	17.6	25.2
Slurred speech ⁹	10.9	10.7	12.2	7.6	6.1	7.3	17.6
Wrong words came out ¹⁰	11.9	12.6	11.5	10.3	13.5	8.4	14.3
Words would not come out ¹¹	14.8	13.3	18.6	8.8	13.5	18.3	12.3
Could not think of right words ¹²	11.0	13.0	7.3	15.6	6.0	18.9	6.7
Numbness, tingling, or loss of feeling ¹³							
Left side only	15.8	18.1	16.9	4.9	17.1	12.4	18.3
Right side only	10.4	9.9	11.7	8.2	3.4	8.8	16.4
Both sides	1.9	1.6	2.5	1.3	4.2	2.5	0.0
Dizziness, loss of balance, or sensation of spinning ¹⁴	31.2	30.4	34.4	24.5	25.2	35.7	30.7
Loss or blurring of vision, complete or partial ¹⁵							
Left eye only	7.6	5.0	11.0	5.9	10.3	6.9	6.6
Right eye only	4.0	3.4	4.6	3.8	3.4	0.0	7.9
Both eyes	8.6	4.8	13.6	6.1	9.8	4.7	11.4

(Women's Health and Aging Study, baseline interview, 1992-1995)

¹ All variables have less than 5% missing data. Results are based on non-missing data.

² Descriptive statistics are based on weighted data.

³ Responses are included in this table if the participants reported experiencing the symptom as a result of a stroke and answered "Yes" to "Do you still have this problem?"

⁴ No ADL difficulty; disabled in two or more domains (see Chapter 1).

⁵ Responded "Yes" to "Has a doctor ever told you that you had a stroke?"

⁶ Sum of rates for categories may not equal rate for any motor symptoms due to rounding.

⁷ Weakness in side of the body is included if the participant answered "Yes" to "After (any of) your stroke(s), did you have weakness in your [part of body]?"

⁸ Did you have a sudden loss or change in speech as a result of (any of) your stroke(s)?

⁹ Your speech was slurred like you were drunk.

¹⁰ You could talk, but the wrong words came out.

¹¹ You knew what you wanted to say, but the words would not come out.

¹² You could not think of the right words.

¹³ Did you have sudden numbness, tingling, or a loss of feeling in either side of your body, including your face, arm, or leg, as a result of any stroke?

¹⁴ Did you have sudden dizziness, loss of balance, or a sensation of spinning as a result of a stroke?

¹⁵ After (any of) your stroke(s), did you have sudden loss or blurring of vision, either complete or partial?